

BEST AVAILABLE C.

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/570734

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		1				
5	1					
6	1					
7		1				
8		①				
9		①				
10		①				
11		①				
12		①				
13		①				
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TOTAL IND.	2		↓			↓
TOTAL DEP.	13	↔		↔		↔
TOTAL CLAIMS	15	████████	████████	████████	████████	████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓			↓
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		████████	████████	████████	████████	████████